

WHAT IS NOT COVERED?

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the first one (1) year of coverage. A Pre-Existing Condition means any Injury or Sickness which had its origin or symptoms, or for which a Physician was consulted or for which treatment or a medication was recommended or received up to one (1) year prior to the Covered Person's effective date of coverage. This limitation does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.

Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health.
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury.
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident.
5. For diagnostic investigation or medical treatment for infertility, fertility, or birth control.
6. Expenses incurred in excess of Reasonable Expenses.
7. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.
8. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed by a Physician. This exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.
9. Organ or tissue transplant.
10. Participating in an illegal occupation or committing or attempting to commit a felony.
11. For treatment, services, supplies, or Confinement in a Hospital owned or operated by a national government or its agencies. (This does not apply to charges the law requires the Covered Person to pay.)
12. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
13. The diagnosis or treatment of Congenital Conditions, except if legally required to do so, for a newborn child insured individual under the Policy.
14. Treatment for TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia.
15. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
16. Diagnosis and treatment of acne and sebaceous cyst.
17. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
18. Self-inflicted Injuries while sane or insane; suicide, or any attempt thereat while sane or insane. This exclusion does not apply to the Medical Evacuation Benefit and to the Repatriation of Remains Benefit.
19. Loss due to war, declared or undeclared; service in the armed forces of any country or international authority; riot; civil commotion; or acts of terrorism.
20. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
21. Elective termination of pregnancy.
22. **Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.**
23. Expenses incurred as a result of pregnancy that is not covered.



USAID
FROM THE AMERICAN PEOPLE

Plan Y

2009 – 2010

Blanket Accident and Sickness Insurance

For third country activities only; medical screening is not required prior to enrollment and departure

Administered by:

HTH Worldwide
One Radnor Corporate Center
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Radnor, PA 19087
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hthstudents.com

This pamphlet contains a brief summary of the features and benefits for insured participants covered under Policy No. HM-2114-09. This is not a contract of insurance. Coverage is governed by an insurance policy issued to US AID, and underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC #0812-93440 under policy form HM207-SI. Complete information on the insurance is contained in the Certificate of Insurance on file with the organization. Any provisions of this plan that may be in conflict with the laws of the state where the purchaser is located will be administered to conform with the requirements of that state's laws, including mandated state benefits. If there is a difference between this program description and the certificate wording, the certificate controls.

WHO IS ELIGIBLE FOR COVERAGE?

NOTE: Participation in this Plan Does Not Require a Pre-Departure Medical Screening

The Classes eligible for coverage available under the Policy are shown below:

Class I: Participant (exchange visitor) selected to attend a training or educational program which requires the use of ADS 252/253 provisions.

Class II: Foreign Service National (FSN) or Third Country National (TCN) subject to the use of USAID Policy contained in ADS 496 provisions.

WHEN DOES COVERAGE START?

Coverage for an Eligible Participant starts at 12:00:01 a.m. local home country time when their travel begins for their assignment.

Thereafter, the insurance is effective 24 hours a day, worldwide.

WHEN DOES COVERAGE END?

Coverage will end at 11:59:59 p.m. local home country time on the last date of insurance. A Covered Person's coverage will end without prejudice to any claim existing at the time of termination.

WHAT TO DO IN THE EVENT OF AN EMERGENCY

All Eligible Participants are entitled to Global Assistance Services while traveling outside of the United States. In the event of an emergency, they should go immediately to the nearest physician or hospital without delay and then contact HTH Worldwide. HTH Worldwide will then take the appropriate action to assist and monitor the medical care until the situation is resolved. To contact HTH Worldwide in the event of an emergency, call 1.800.257.4823 or collect to +1.610.254.8771.

hthstudents.com

Once Eligible Participants receive their Medical Insurance ID card from HTH Worldwide, they should visit hthstudents.com, and using the certificate number on the front of the card, sign in to the site for comprehensive information and services relating to this plan. Participants can track claims, search for a doctor, view plan information, download claim forms and read health and security information. A tutorial is available which will assist each covered person in using the hthstudents.com website. Additional guidance may be provided through the Customer Service Center at 1.888.350.2002 or collect at 1.215.793.6925.

CLAIMS SUBMISSION

Providers may submit claims directly to HTH Worldwide. In the event a participant pays up front for medical expenses, they may complete a claim form and attach itemized bills for reimbursement. Claims are to be submitted to HTH Worldwide, PO Box 30259, Tampa, FL 33630, USA. See the hthstudents.com website for claim forms and instructions on how to file.

WHAT IS COVERED BY THE PLAN?

Schedule of Benefits – Table 1

	Limits – Covered Person
Maximum Benefit per Injury or Sicknesses	\$50,000
Medical Expense Benefit per Injury or Sickness	Up to \$50,000 100% of Reasonable Expenses after Co-Payment
Co-Payment	\$10 per Injury or Sickness
Repatriation of Remains	Maximum Benefit up to \$7,500
Medical Evacuation	Maximum Benefit up to \$10,000

Schedule of Benefits – Table 2 – Medical Expenses

	Indemnity Plan Limits
Physician Office Visits	After Co-Payment 100% of Reasonable Expenses
Inpatient Hospital Services	After Co-Payment 100% of Reasonable Expenses
Hospital and Physician Outpatient Services	After Co-Payment 100% of Reasonable Expenses

Schedule of Benefits – Table 3 – Medical Expense Benefits

Benefits listed below are subject to Table 1 Maximums per Injury and Sickness and Table 2 Plan Type Limits

Medical Expense	Limits – Covered Person
Maternity Care for a Covered Pregnancy	Reasonable Expenses
Inpatient treatment of mental and nervous disorders	Reasonable Expenses for a maximum period of 30 days
Outpatient treatment of mental and nervous disorders	Reasonable Expenses up to \$1,500 Maximum and with a maximum \$75 per visit maximum
Treatment of specified therapies, including acupuncture and Physiotherapy	Reasonable Expenses on an Inpatient basis Reasonable Expenses up to \$35 Maximum per visit subject to a Maximum of 30 visits on an Outpatient basis
Medical treatment arising from participation in intercollegiate, interscholastic sports, intramural, club or professional sports	Reasonable Expenses up to \$1,000 Maximum per Injury or Sickness
Vaccinations required by Participating Organization or Institution	100% of Reasonable Expenses
Repairs to teeth required due to an Injury	100% of Reasonable Expenses up to \$250 Maximum per tooth per Injury
Dental Treatment (including extractions) to alleviate pain	100% of Reasonable Expenses up to \$500.
Repair or replacement of an existing prosthetic device	100% of Reasonable Expenses up to \$500
Outpatient prescription drugs	100% of actual charge
Professional ground or air ambulance service to nearest hospital	Reasonable Expenses up to \$500 per Injury or Sickness